

## STATE OF NEW HAMPSHIRE

Lobbyists Report of Political Contributions Addendum C (RSA Chapter 15:6)

## RECEIVED

JUL 2 4 2018

NEW HAMPSHIRE

(Name of partnership, firm or cor	poration)	
III. Name of Client	July 17, 2018	
Political Contributions For each political contribution that is reportable purfirm, indicate the following:	rsuant to RSA Chapter 664 paid o	
Full name of candidate: Morse	Chuck	
(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$ 125.	Office Candidate is So	ecking State Senate
If the contribution is an in-kind contribution, provi the in-kind contribution on the line above for amou the word "estimate".	nt of contribution. If the actual co	st is not known, enter an estimated value a
the in-kind contribution on the line above for amou the word "estimate".	nt of contribution. If the actual co	st is not known, enter an estimated value
the in-kind contribution on the line above for amou the word "estimate".  Full name of candidate: D'Allesandro (Last Name)	nt of contribution. If the actual co  Lou  (First Name)	est is not known, enter an estimated value
Full name of candidate: D'Allesandro (Last Name)  Amount of contribution \$ 100.  If the contribution is an in-kind contribution, provi	Lou (First Name)  Office Candidate is Seede a description of the goods or s	(Middle Name/Initial)  ceking State Senate  crvices provided, and enter the actual cos
the in-kind contribution on the line above for amouthe word "estimate".  Full name of candidate: D'Allesandro (Last Name)  Amount of contribution \$ 100.  If the contribution is an in-kind contribution, provithe in-kind contribution on the line above for amouthe word "estimate".	Lou (First Name)  Office Candidate is Seede a description of the goods or s	(Middle Name/Initial)  ceking State Senate  crvices provided, and enter the actual cossist is not known, enter an estimated value a
Full name of candidate: D'Allesandro (Last Name)  Amount of contribution \$ 100.  If the contribution is an in-kind contribution, provi	Lou (First Name)  Office Candidate is See a description of the goods or sent of contribution. If the actual co	(Middle Name/Initial)  ceking State Senate  crvices provided, and enter the actual cos

## Sworn Statement/Affirmation by Lobbyist

I have read RSA 15, RSA 15-B and RSA 664 and	hereby swear or affirm that the foregoing information
is true and complete to the best of my knowledge a	and belief.
Strait O. Tracky	July 17, 2018
(Signature of lobbyist)	(Date)
Stuart D. Trachy	_
(Print Name of lobbyist)	